

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

APPLICANT(S)

10/522902

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | 1 | | | | | |
| 5 | | 1 | | | | |
| 6 | | 2 | | | | |
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| 8 | 1 | | | | | |
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| TOTAL IND. | 3 | | | | | |
| TOTAL DEP. | 6 | | | | | |
| TOTAL CLAIMS | 9 | | | | | |

PTO-875 (REV. 1-1993)

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

U.S. DEPARTMENT OF COMMERCE